STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967604	R
NAME OF PROVIDER OR SUPPLIER **GOOD HOPE OF PINELLAS**	STREET ADDRESS, CITY, STATE, ZIP CODE **7575 65TH WAY** **PINELLAS PARK, FL 33781**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

Assisted Living Facility

A revisit to a complaint survey, (CCR# 2016006729), was conducted from I/ through at Good Hope of Pinellas, License #11615, located at 7575 65th Way, Pinellas Park, FL. Deficiencies were identified during the survey.

0052 Medication - Assistance with Self-Admin

Based on observation and interview the assisted living facility failed to provide assistance with self-administration of medication per the requirements in 429.256, F.S. The facility failed to ensure qualified staff provided assistance with self-administration of medications by reading the label and opening the container in the presence of the resident, failed to ensure staff watched the resident take the medication, and failed to document the resident received the medication after the medication was given to 3 out of 3 (Residents #1, #2, and #3) sampled residents.

Findings included:

On I/ at 9:55 AM an observation was made of a small white round pill on the floor of the dining a resident ' s table. A second large white round pill was observed in the middle of the floor of the dining .
On I/ at 9:56 AM an interview was conducted with the Administrator. The Administrator stated she did not know the last time the floor of the dining been swept. She stated the pills could have been from the morning medication pass, but also could have been from the previous day ' s lunch or dinner. The Administrator stated there was no way to determine which resident did not properly receive their medication.
On I/ at 11:31 AM an observation was made of Staff A as she told Resident #1 " I have your noon meds " and then looked at the medication observation record (MOR) for Resident #1. She removed the medication from the cart and signed the MOR. Staff A then popped the pill into a soufflé cup, took the medication to Resident #1, and handed him the soufflé cup. Staff A turned her back on Resident #1 and did not watch to see if he took the medication. Staff A did not tell Resident #1 the name of the medication.
In a continued observation of Staff A, she looked at the MOR for Resident #2, removed the medication from the cart, signed the MOR, popped several pills into a soufflé cup, and then handed Resident #2 the soufflé cup. Staff A turned her back on Resident #2 and did not watch to see if he took the medication. Staff A did not tell Resident #2 the name of the medication.

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Staff A returned to the medication cart, looked at the MOR for Resident #3, removed the medication from the cart, and then signed the MOR. Staff A then popped several pills into a soufflé cup and handed it to Resident #3. Staff A turned her back on Resident #3 and did not watch to see if he took the medication. Staff A did not tell Resident #3 the name of the medication. Staff A then handed Resident #3 an inhaler. Resident #3 was not able to squeeze the inhaler. Staff A signed the MOR that he had received the medication. Resident #3 asked "can you do it for me?" Staff A said "you have to do it by yourself like you did this morning." Resident #3 stated he did not do it by himself that morning. Resident #3 was not able to use the inhaler by himself. Staff A put it back on the cart and then moved on to assist the next resident. She did not change the MOR to reflect that he had not received the medication from the inhaler until after she was questioned by Administrator.
On / a continued interview was conducted with the Administrator. The Administrator stated almost all of the employees are new, including Staff A. She stated she had witnessed Staff A assist with the medications, and had noted that Staff A did not wash or sanitize her hands during the process, and she did not wear gloves. The Administrator stated she witnessed Staff A pre-sign the MOR, and felt she should have waited until after the medication was provided to verify if they had taken it or not. The Administrator stated she would retrain Staff A on the appropriate procedures.

Class III

0058 Pharmacy & Dietary: Uncorrected Deficiencies

Based on interview and record review, the facility has ongoing deficient practice related to the assistance with self-administration of medications.

Findings included:

A survey was conducted on and the facility was cited with two Class II deficiencies for Medication - Assistance with Self-Administration of medications, and Medication - Records.
On / the facility was cited for Medication - Assistance with Self-Administration of medications at an uncorrected Class III.
On / at 9:55 AM an observation was made of a small white round pill on the floor of the dining a resident ' s table. A second large white round pill was observed in the middle of the floor of the dining .
On / at 9:56 AM an interview was conducted with the Administrator. The Administrator stated she did not know the last time the floor of the dining been swept. She stated the pills could have been from the morning medication pass, but also could have been from the previous day ' s lunch or dinner. The Administrator stated there was no way to determine which resident did not properly receive their medication.

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On / at 11:31 AM an observation was made of Staff A as she told Resident #1 " I have your noon meds " and then looked at the medication observation record (MOR) for Resident #1. She removed the medication from the cart and signed the MOR. Staff A then popped the pill into a soufflé cup, took the medication to Resident #1, and handed him the soufflé cup. Staff A turned her back on Resident #1 and did not watch to see if he took the medication. Staff A did not tell Resident #1 the name of the medication.
In a continued observation of Staff A, she looked at the MOR for Resident #2, removed the medication from the cart, signed the MOR, popped several pills into a soufflé cup, and then handed Resident #2 the soufflé cup. Staff A turned her back on Resident #2 and did not watch to see if he took the medication. Staff A did not tell Resident #2 the name of the medication.
Staff A returned to the medication cart, looked at the MOR for Resident #3, removed the medication from the cart, and then signed the MOR. Staff A then popped several pills into a soufflé cup and handed it to Resident #3. Staff A turned her back on Resident #3 and did not watch to see if he took the medication. Staff A did not tell Resident #3 the name of the medication. Staff A then handed Resident #3 an inhaler. Resident #3 was not able to squeeze the inhaler. Staff A signed the MOR that he had received the medication. Resident #3 asked " can you do it for me? " Staff A said " you have to do it by yourself like you did this morning. " Resident #3 stated he did not do it by himself that morning. Resident #3 was not able to use the inhaler by himself. Staff A put it back on the cart and then moved on to assist the next resident. She did not change the MOR to reflect that he had not received the medication from the inhaler until after she was questioned by Administrator.
On / a continued interview was conducted with the Administrator. The Administrator stated almost all of the employees are new, including Staff A. She stated she had witnessed Staff A assist with the medications, and had noted that Staff A did not wash or sanitize her hands during the process, and she did not wear gloves. The Administrator stated she witnessed Staff A pre-sign the MOR, and felt she should have waited until after the medication was provided to verify if they had taken it or not. The Administrator stated she would retrain Staff A on the appropriate procedures.

Class III

0079 Staffing Standards - Levels

Based on interview, observation, and record review, the facility failed to maintain a written work schedule that reflects its 24-hour staffing pattern for a specified period of time. Additionally, the facility failed to ensure the minimum staffing hours were met for the current census.

Findings included:

On / at 9:25 AM an interview was conducted with Staff C. Staff C stated she was scheduled

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as direct care staff today.
On / at 9:45 AM an observation was made of Staff C as she mopped the hallway.
An interview was conducted on / at 9:46 AM with the Administrator. The Administrator stated the current staffing schedule is not correct. The Administrator stated the cook had not been able to make it in this morning to cook breakfast, so Staff C had to cook breakfast. The housekeeper called in sick and so Staff C was also covering the housekeeper's responsibilities. The Administrator stated Staff C was currently working three different positions. The Administrator stated no changes had been made to the schedule to show someone did not come in to work the required shift, and no written records were kept to verify that the minimum staffing hours were met for the current census. The Administrator did not know how many staffing hours were required, and was not aware of how many hours of direct care had been worked.
On / a record review was conducted of the staffing schedule provided for Wednesday / . The Administrator was scheduled from 9:00 AM until 5:00 PM. She stated she is doing work in her office, and is not providing direct care to the residents. Staff D was scheduled as the cook from 9:00 AM until 5:00 PM. Staff E was scheduled as the housekeeper from 7:00 AM until 3:00 PM. Staff A was scheduled as the med tech from 7:00 AM until 3:00 PM. Staff C was scheduled as the direct care staff from 7:00 AM until 3:00 PM.
On / at 11:04 AM an observation was made of Staff A and Staff C in the kitchen assisting with preparation of lunch.

Class III

0093 Food Service - Dietary Standards

Based on interview and record review, the facility failed to provide meals that were planned by a licensed or registered dietician and based on the USDA dietary guidelines for Americans.

Findings included:

On / at 11:56 AM the residents were called to lunch. The residents were served a bowl of tomato soup, a hamburger on white bread, and cole slaw.
On / at 11:56 AM an interview was conducted with the Administrator. The Administrator stated she purchases some items, and the corporate office purchases some items. She stated she is not provided with the funds to purchase all of the items needed. She stated she did not feel the lunch that was served was appropriate for the residents. The Administrator stated they do not follow the menu; they serve what they have available. She stated they have not served hot dogs as frequently as they had been before she became the Administrator. She stated they did serve corn dogs one night. The Administrator could not explain why corn dogs had been purchased when they were not on any of the

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menus.
On / at 2:02 PM an interview was conducted with Staff D. Staff D stated she has worked at the facility for nine days. She stated she has not been able to follow the menu for any of the meals in those nine days. Staff D stated she has to use the food that is available. Staff D stated she has worked in assisted living facilities in the kitchen for over 20 years. She stated " I do not have the proper supplies to follow the menu. " She stated she went to the Administrator and let her know she didn ' t have the correct food, and asked why and was told " they haven ' t given us the money. " Staff D stated she is currently on the menu for Cycle 1. She stated she would be serving hot dogs for dinner this evening with either Jell-O or pudding. Staff D stated although she has never followed the menu, and has substituted multiple items at each meal, she has not yet used the substitution log.
On / a record review was conducted of the menu for Cycle 1. The menu for lunch on Wednesday was 4 oz. beef stew over 1 cup of rice, 1 cup of stewed vegetables, and ½ cup fruit cocktail. The menu for dinner was listed as 6 oz. soup of the day, 3 oz. grilled cheese sandwich, ½ cup tomatoes, and 1 slice of pie.
As the facility was under a Tropical Storm watch on the day of survey, several attempts were made to observe the 3-day supply of nonperishable foods that were stored in a locked closet, however, the Administrator was unable to find the correct key to unlock the door prior to the end of the survey. The facility did not appear to have enough food in the store , the freezer, and the refrigerator to serve the residents meals for the next three days.

Class III

Z816 Background Screening-Compliance Attestation

Based on interview and record review, the facility failed to ensure that 1 out of 4 sampled employees (Staff B) had a Level II background screening (BGS) after a 90-day break in service from a position that requires a Level II screening.

Findings included:

On / at 4:15 PM a record review was conducted of the employee file for Staff B, who was the Administrator during the previous survey. The facility was cited on for failure to require Staff B obtain an updated Level II background screening (BGS) after a 90-day break in service from a position that required a Level II screening. The employment application in the file for Staff B listed two employers, but did not list employment dates for either. Staff B had stated she had been working at the facility for approximately 2 weeks during the prior survey, but no hire date had been listed. An updated Level II background screening was not located in the file.
On / at 4:20 PM a review was conducted of the Agency for Health Care Administration

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background screening website. Staff B had been identified as eligible on . . . I/. . . . An updated Level II background screening had not been obtained.
On . . . I/ . . . at 4:21 PM an interview was conducted with the current Administrator. The Administrator stated she was not aware of the requirement that employees must have an updated Level II background screening following a 90-day break in service. The Administrator stated she saw on the website that the Level II background screening was good for five years.

Unclassified

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
AL11967604 Y1	A. Building B. Wing Y2	Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD HOPE OF PINELLAS	7575 65TH WAY PINELLAS PARK, FL 33781

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix A0025	Correction	ID Prefix A0026	Correction	ID Prefix A0030	Correction
Reg. # 429.26(7) FS; 58A-5.0182(1) FAC	Completed	Reg. # 58A-5.0182(2) FAC	Completed	Reg. # 58A-5.0182(6) FAC; 429.28(1-2) FS	Completed
LSC		LSC		LSC	
ID Prefix A0032	Correction	ID Prefix A0054	Correction	ID Prefix A0077	Correction
Reg. # 58A-5.0182(8) FAC	Completed	Reg. # 58A-5.0185(5) FAC	Completed	Reg. # 429.176 FS; 58A-5.019(1) FAC	Completed
LSC		LSC		LSC	
ID Prefix A0078	Correction	ID Prefix A0084	Correction	ID Prefix A0163	Correction
Reg. # 58A-5.019(2) FAC	Completed	Reg. # 58A-5.0191(5) FAC	Completed	Reg. # 429.49 FS	Completed
LSC		LSC		LSC	
ID Prefix A0165	Correction	ID Prefix AZ815	Correction	ID Prefix	Correction
Reg. # 429.23(1-4 & 6-10) FS; 58A-5.0241 FAC	Completed	Reg. # 408.809, 435.02(2), 435.06	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY ☑	REVIEWED BY (INITIALS) RSB	DATE 9/19/16	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON 7/25/2016

☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Bethel Health INC dba Good Hope of Pinellas
7575 65th Way
Pinellas Park FL 33781

Dear Administrator:

This letter reports the findings of a complaint survey conducted 31- , 2016, by representatives of the Agency for Health Care Administration. Attached is the provider's copy of the Statement of Deficiencies, which indicates there were deficiencies noted during the inspection. You are hereby responsible for complying with the Agency's request as directed below:

The inspection resulted in findings of non-compliance in the following areas:

A0152 – Physical Plant – Safe Living Environment. **Class II.**
A0181 – Emergency Plan Approval. Uncorrected **Class III.**

The facility must comply with the following:

1) Your facility must correct all deficiencies cited in the Pinellas Park Fire Department inspection dated / / . This must be completed **IMMEDIATELY.**
2) The facility must have the roof inspected and repaired to ensure that the roof is free of leaks. The facility must comply with local authorities regarding the repairs to ensure the work is legally permitted and completed by a licensed contractor. This must be completed by **, 2016.**
3) All that have a shower must have hot and water. All toilets in the building must be operable. All in the facility must contain toilet paper, paper towels, and soap. This must be completed by **, 2016.**
4) The facility must provide copies of satisfactory inspections by both the fire department and the health department. This must be completed by , **2016.**

Please be advised that nothing in this DPOC limits the Agency's authority and responsibility to impose administrative sanctions as provided by law.

Should you have any questions, please contact . **Laura Manville**, Survey and Certification Support Branch, at (727) 552-1955 or **Paul Brown**, St. Petersburg Field Office, (727) 552-2000.

Sincerely,

Paul F. Brown
Health Facility Evaluator Supervisor